Complications of liver trauma

Complications of liver trauma

A subcapsular or intrahepatic haematoma requires no specific intervention and should be allowed to resolve spontaneously . Abscesses may form as a result of secondary infection of an area of parenchymal ischaemia and treatment is systemic antibiotics and US-guided aspiration once liquefaction has occurred. Bile collections require US-guided aspiration with/ without drain insertion and biliary fistulae are investigated by endoscopic or percutaneous cholangiography with/without stent insertion for biliary decompression. If a fistula persists liver resection may be required. Late vascular complications include hepatic artery aneu rysms and arteriovenous fistulae (hepatic artery to hepatic vein, César Roux , 1857–1934, Professor of Surgery and Gynaecology , Lausanne, Switzerland. Described the Roux-en-Y loop in 1908.). tension) and arteriobiliary fistulae indicated by haemobilia are treated by embolisation. Hepatic insu ffi ciency may occur following extensive liver trauma but usually recover s following supportive treatment if the blood supply and biliary drainage - to an adequate liver remnant are preserved (Figure 69.11). - Summary box 69.8 - Complications of liver trauma /uni25CF /uni25CF /uni25CF /uni25CF tic /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF

Unstable Liver Resuscitate trauma • Investigate • Peritoneal lavage • Ultrasound Stable • CT • Laparoscopy • Angiography Figure 69.11 Algorithm for management of liver trauma. CT, computed tomography. Intrahepatic haematoma Biliary strictures Liver abscess Intra-abdominal collections Bile collection Hepatic artery aneurysm Biliary /f_i stula Arteriovenous /f_i stulae Haemobilia Arteriobiliary /f_i stulae Ascites Liver failure

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